CLAIMS ONLY

Application Number	Filing Date
10645789	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	I						51						
2		I					52						
3		I					53						
4		I					54						
5	I						55						
6		I					56						
7		I					57						
8		I					58						
9		I					59						
10		I					60						
11		I					61						
12	I						62						
13		I					63						
14		I					64						
15		I					65						
16		I					66						
17	I						67						
18		I					68						
19		I					69						
20		I					70						
21		I					71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	16						Total Depend						
Total Claims	20						Total Claims						